STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
NEW JERSEY

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

FOR ALL NONDUAL BENEFICIARIES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**315,914**	**7,956**	**61,709**	**62,264**	**183,764**	**221**	**1,482,390**	**69,787**	**579,783**	**168,117**	**662,729**	**1,974**
Age												
5 and younger	91,659	0	3,386	22	88,251	0	301,381	0	26,311	56	275,014	0
6-14	75,846	0	7,525	36	68,285	0	334,124	0	69,287	107	264,730	0
15-20	43,087	1	6,333	9,858	26,894	1	211,100	12	59,661	29,931	121,495	1
21-44	67,133	3	18,456	48,278	330	66	306,680	19	177,049	127,588	1,481	543
45-64	28,614	72	24,352	4,035	2	153	242,723	683	230,254	10,361	4	1,421
65-74	4,464	3,110	1,330	23	0	1	40,528	26,599	13,869	51	0	9
75-84	3,063	2,782	272	8	1	0	27,977	25,151	2,806	17	3	0
85 and older	2,047	1,988	55	4	0	0	17,875	17,323	546	6	0	0
Unknown	1	0	0	0	1	0		0	0	0	2	0
Gender												
Female	182,159	5,466	29,844	54,459	92,169	221	809,683	48,414	283,262	149,253	326,780	1,974
Male	133,755	2,490	31,865	7,805	91,595	0	672,707	21,373	296,521	18,864	335,949	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	112,057	2,967	21,908	26,594	60,454	134	505,646	25,405	206,583	70,018	202,448	1,192
African American	108,851	1,055	20,707	22,642	64,402	45	540,036	9,450	196,644	60,112	273,428	402
Other/unknown	95,006	3,934	19,094	13,028	58,908	42	436,708	34,932	176,556	37,987	186,853	380
Use of Nursing Facilities[c]												
Entire year	2,874	1,053	1,814	0	7	0	29,062	9,801	19,197	0	64	0
Part year	2,012	503	1,491	13	5	0	18,183	4,347	13,715	69	52	0
None	311,028	6,400	58,404	62,251	183,752	221	1,435,145	55,639	546,871	168,048	662,613	1,974
Maintenance Assistance Status												
Cash	134,800	1,732	54,750	26,978	51,340	0	739,642	16,494	520,469	67,842	134,837	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	128,735	2,508	3,331	18,774	103,901	221	409,804	22,055	28,064	57,691	300,020	1,974
Other/unknown	52,379	3,716	3,628	16,512	28,523	0	332,944	31,238	31,250	42,584	227,872	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	130,045	7,589	54,842	16,643	50,752	219	963,385	68,516	552,228	50,343	290,338	1,960
FFS part year, with Rx claims	51,291	328	5,565	15,882	29,515	1	169,274	1,116	22,774	46,432	98,941	11
FFS part year, no Rx claims	134,578	39	1,302	29,739	103,497	1	349,731	155	4,781	71,342	273,450	3

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**35.7 %**	**8.0**	**$711**	**$88**	**$5,547**	**12.8 %**	**315,914**
Age							
5 and younger	24.8	1.2	81	69	2,198	3.7	91,659
6-14	26.6	2.6	244	93	2,999	8.1	75,846
15-20	32.3	3.4	349	103	5,542	6.3	43,087
21-44	42.2	9.1	909	99	6,736	13.5	67,133
45-64	72.9	40.3	3,606	89	17,189	21.0	28,614
65-74	73.7	32.2	2,083	65	12,700	16.4	4,464
75-84	68.9	35.2	2,103	60	15,075	14.0	3,063
85 and older	58.0	32.9	1,787	54	18,464	9.7	2,047
Unknown	100.0	1.0	9	9	1,697	0.5	1
Basis of Eligibility[e]							
Aged	67.4	30.0	1,784	59	13,000	13.7	7,956
Disabled	71.6	31.9	3,012	94	17,010	17.7	61,709
Adults	31.7	1.2	74	60	2,382	3.1	62,264
Children	23.5	1.4	106	77	2,429	4.4	183,764
Unknown	77.8	18.5	1,987	107	20,703	9.6	221
Gender							
Female	36.1	8.0	666	83	5,022	13.3	182,159
Male	35.0	8.1	772	96	6,262	12.3	133,755
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	36.9	9.6	788	82	6,112	12.9	112,057
African American	37.4	7.3	729	100	5,877	12.4	108,851
Other/unknown	32.2	7.1	600	85	4,503	13.3	95,006
Use of Nursing Facilities[f]							
Entire year	97.7	102.1	6,226	61	71,990	8.6	2,874
Part year	97.4	79.0	6,554	83	59,990	10.9	2,012
None	34.7	6.7	622	93	4,581	13.6	311,028
Maintenance Assistance Status							
Cash	45.2	13.7	1,280	94	7,497	17.1	134,800
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	21.3	1.6	129	79	1,969	6.6	128,735
Other/unknown	46.4	9.3	678	73	9,324	7.3	52,379

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving fost care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

| Beneficiary Characteristics | Mean Number of Rx | Mean Rx $ | Rx $ as a Percentage of All Medicaid FFS $[c] | Number of Rx, Percentage with: | | | | | | Mean $, All Medicaid FFS $[d] | Number | |
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	**1.7**	**$152**	**12.8 %**	**64.3 %**	**19.7 %**	**4.8 %**	**5.9 %**	**3.3 %**	**2.0 %**	**$1,182**	**315,914**	**1,482,390**
Age												
5 and younger	0.4	25	3.7	75.2	19.1	3.4	1.9	0.3	0.1	668	91,659	301,381
6-14	0.6	55	8.1	73.4	18.5	3.6	3.2	0.8	0.4	681	75,846	334,124
15-20	0.7	71	6.3	67.7	22.8	4.2	3.6	1.1	0.5	1,131	43,087	211,100
21-44	2.0	199	13.5	57.8	22.7	6.3	7.2	3.7	2.4	1,475	67,133	306,680
45-64	4.8	425	21.0	27.1	14.7	8.8	20.7	17.7	11.0	2,026	28,614	242,723
65-74	3.5	230	16.4	26.3	19.1	10.5	23.0	14.0	7.0	1,399	4,464	40,528
75-84	3.9	230	14.0	31.1	13.8	8.7	21.0	17.0	8.4	1,651	3,063	27,977
85 and older	3.8	205	9.7	42.0	7.0	5.9	16.8	19.0	9.4	2,114	2,047	17,875
Unknown	0.5	5	0.5	0.0	100.0	0.0	0.0	0.0	0.0	849	1	2
Basis of Eligibility[e]												
Aged	3.4	203	13.7	32.6	16.0	9.3	20.3	14.8	7.1	1,482	7,956	69,787
Disabled	3.4	321	17.7	28.4	23.6	9.2	17.4	12.8	8.6	1,810	61,709	579,783
Adults	0.5	27	3.1	68.3	22.0	4.8	3.7	1.0	0.2	882	62,264	168,117
Children	0.4	29	4.4	76.5	17.8	3.2	2.1	0.4	0.1	674	183,764	662,729
Unknown	2.1	223	9.6	22.2	33.9	19.5	16.3	8.1	0.0	2,318	221	1,974
Gender												
Female	1.8	150	13.3	63.9	20.1	4.8	5.8	3.4	2.0	1,130	182,159	809,683
Male	1.6	153	12.3	65.0	19.2	4.8	5.9	3.2	1.9	1,245	133,755	672,707
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	175	12.9	63.1	18.6	5.1	6.6	4.0	2.5	1,354	112,057	505,646
African American	1.5	147	12.4	62.6	22.2	5.1	5.5	2.8	1.7	1,185	108,851	540,036
Other/unknown	1.5	131	13.3	67.8	18.0	4.2	5.4	3.0	1.6	980	95,006	436,708
Use of Nursing Facilities[f]												
Entire year	10.1	616	8.6	2.3	3.2	3.5	18.8	35.3	36.9	7,119	2,874	29,062
Part year	8.7	725	10.9	2.6	5.4	6.0	21.5	33.7	30.9	6,638	2,012	18,183
None	1.5	135	13.6	65.3	19.9	4.8	5.6	2.8	1.4	993	311,028	1,435,145
Maintenance Assistance Status												
Cash	2.5	233	17.1	54.8	20.5	6.4	9.1	5.7	3.5	1,366	134,800	739,642
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	41	6.6	78.7	15.5	2.7	2.1	0.7	0.3	618	128,735	409,804
Other/unknown	1.5	107	7.3	53.6	27.9	5.9	6.9	3.6	2.1	1,467	52,379	332,944

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.7**	**$152**	**$88**	**0.8**	**$120**	**$148**	**0.1**	**$7**	**$85**	**0.8**	**$24**	**$30**
Age												
5 and younger	0.4	25	69	0.1	19	162	0.0	1	45	0.2	5	21
6-14	0.6	55	93	0.3	46	143	0.0	2	77	0.3	7	30
15-20	0.7	71	103	0.3	58	166	0.0	3	72	0.3	11	34
21-44	2.0	199	99	0.9	159	168	0.1	11	104	0.9	28	30
45-64	4.8	425	89	2.3	334	148	0.2	22	92	2.3	69	31
65-74	3.5	230	65	1.8	179	101	0.2	8	51	1.6	42	26
75-84	3.9	230	60	1.9	176	95	0.2	7	43	1.8	47	26
85 and older	3.8	205	54	1.7	152	92	0.2	6	37	1.9	46	24
Unknown	0.5	5	9	0.0	0	0	0.0	0	0	0.5	5	9
Basis of Eligibility[d]												
Aged	3.4	203	59	1.7	157	94	0.1	6	42	1.6	40	25
Disabled	3.4	321	94	1.6	255	157	0.2	16	94	1.6	49	31
Adults	0.5	27	60	0.2	20	115	0.0	2	68	0.3	6	22
Children	0.4	29	77	0.2	24	131	0.0	1	54	0.2	5	25
Unknown	2.1	223	107	0.9	175	201	0.1	5	64	1.1	42	38
Gender												
Female	1.8	150	83	0.8	118	139	0.1	8	83	0.9	25	29
Male	1.6	153	96	0.8	124	159	0.1	7	89	0.7	23	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.1	175	82	1.0	135	137	0.1	10	88	1.0	30	30
African American	1.5	147	100	0.7	120	169	0.1	7	90	0.7	20	30
Other/unknown	1.5	131	85	0.7	104	139	0.1	6	76	0.7	21	30
Use of Nursing Facilities[e]												
Entire year	10.1	616	61	4.1	451	111	0.5	29	58	5.5	136	25
Part year	8.7	725	83	3.7	564	153	0.4	33	78	4.6	129	28
None	1.5	135	93	0.7	108	151	0.1	7	90	0.7	20	30
Maintenance Assistance Status												
Cash	2.5	233	94	1.2	185	156	0.1	12	94	1.2	36	31
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	41	79	0.2	32	135	0.0	2	74	0.3	7	28
Other/unknown	1.5	107	73	0.7	85	121	0.1	4	56	0.7	18	25

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

| Therapeutic Category | Number of Rx per Benefit Month Among Users | | | | $ per Benefit Month Among Users | | | | $ per Rx | | | | Total Number of Rx | Total Rx $ | Users[e] | | Number of Benefit Months |
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	
Anti-infective Agents	0.5	0.3	0.0	0.2	$89	$78	$4	$7	$189	$300	$170	$38	211,744	$39,987,635	56,492	17.9 %	450,978
Biologicals	0.2	0.2	0.0	0.0	180	146	0	34	806	812	29	843	4,173	3,363,606	2,059	0.7	18,666
Antineoplastic Agents	0.5	0.1	0.0	0.4	158	105	3	51	301	917	690	126	11,142	3,354,687	2,206	0.7	21,174
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	52	40	2	9	67	120	41	25	176,986	11,891,314	26,796	8.5	228,477
Cardiovascular Agents	1.5	0.7	0.0	0.8	70	51	2	17	47	72	47	23	383,722	17,883,390	26,838	8.5	256,364
Respiratory Agents	0.7	0.4	0.0	0.3	44	35	1	9	62	88	35	29	274,526	17,017,350	49,141	15.6	387,893
Gastrointestinal Agents	0.7	0.4	0.0	0.3	67	55	1	11	91	133	61	36	158,957	14,411,489	22,763	7.2	215,997
Genitourinary Agents	0.4	0.2	0.0	0.1	23	18	2	4	58	75	43	29	29,102	1,685,358	8,731	2.8	72,110
CNS Drugs	1.4	0.8	0.1	0.6	146	123	5	18	102	161	97	28	442,795	44,956,404	33,337	10.6	308,487
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	59	51	1	8	84	99	79	43	44,357	3,746,429	7,116	2.3	63,503
Miscellaneous Psychological/ Neurological Agents	0.5	0.4	0.0	0.1	111	100	1	10	202	223	101	111	14,464	2,925,108	2,621	0.8	26,369
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	59	42	4	13	87	156	376	33	227,853	19,727,921	38,055	12.0	332,811
Neuromuscular Agents	1.2	0.5	0.1	0.5	84	54	15	15	71	107	105	28	222,897	15,827,132	19,316	6.1	189,039
Nutritional Products	0.4	0.0	0.1	0.3	6	1	1	5	15	22	15	14	98,325	1,451,585	32,440	10.3	235,659
Hematological Agents	0.7	0.3	0.0	0.4	155	147	2	6	217	492	61	15	65,892	14,302,035	10,035	3.2	92,043
Topical Products	0.5	0.2	0.0	0.2	26	16	2	8	58	92	62	32	158,240	9,131,145	42,040	13.3	349,972
Miscellaneous Products	0.4	0.2	0.0	0.1	112	84	15	13	280	370	342	103	10,354	2,897,245	2,882	0.9	25,943
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	6	0	0	0	7	0	0	0	6,669	49,639	898	0.3	8,899
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,542,198	224,609,472	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$28,687,447	18,878	6.0 %	200,533	0.8	$181	$143
ANTIVIRAL	28,664,908	9,292	2.9	95,451	0.6	493	300
ANTICONVULSANT	13,056,189	16,634	5.3	172,682	1.0	78	76
ANALGESICS - Narcotic	10,573,253	28,998	9.2	281,042	0.4	94	38
ULCER DRUGS	10,455,957	21,292	6.7	214,319	0.5	98	49
ANTIASTHMATIC	10,440,718	38,214	12.1	344,926	0.4	74	30
ANTIDEPRESSANTS	9,016,722	23,338	7.4	229,700	0.6	65	39
DERMATOLOGICAL	6,434,316	49,332	15.6	461,007	0.2	61	14
ANTIDIABETIC	6,308,790	14,808	4.7	149,720	0.6	69	42
HEMATOPOIETIC AGENTS	6,030,416	6,549	2.1	58,934	0.4	233	102
Total	129,668,716	227,335		2,208,314	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx $	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,106,857**	**$129,668,716**	**18,878**	**6.0 %**	**200,533**	**0.8**	**$143**	**9,292**	**2.9 %**	**95,451**	**0.6**	**$300**
Female	619,487	68,899,582	9,439	5.2	100,087	0.7	132	4,832	2.7	48,467	0.6	273
Disabled	500,681	59,029,846	7,646	25.6	83,883	0.8	137	3,887	13.0	42,413	0.6	286
5 and younger	4,564	415,077	4	0.3	20	1.5	142	19	1.3	217	0.8	191
6-14	13,555	1,694,606	198	8.2	2,125	0.6	121	128	5.3	1,405	0.7	298
15-20	14,100	1,521,789	342	14.7	3,723	0.7	108	74	3.2	776	0.4	177
21-44	146,786	19,465,250	2,911	33.2	31,693	0.7	134	1,690	19.2	18,138	0.6	286
45-64	301,552	34,262,849	3,935	28.6	43,421	0.8	142	1,950	14.2	21,591	0.6	294
65-74	18,074	1,525,440	230	26.2	2,609	0.9	144	22	2.5	238	0.2	44
75-84	1,932	137,642	26	16.0	292	0.8	110	4	2.5	48	0.1	7
85 and older	118	7,193	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	118,806	9,869,736	1,793	1.2	16,204	0.7	103	945	0.6	6,054	0.5	182
5 and younger	11,484	724,747	27	0.1	256	0.5	76	74	0.2	594	0.4	102
6-14	15,890	1,622,609	357	1.0	3,721	0.7	124	136	0.4	1,289	0.7	245
15-20	17,651	1,628,776	520	2.3	4,986	0.7	110	157	0.7	1,226	0.4	153
21-44	16,954	1,494,757	266	0.6	1,145	0.5	76	450	1.0	1,781	0.6	235
45-64	4,847	534,368	71	2.6	509	0.4	54	67	2.4	506	0.4	221
65-74	15,048	1,195,385	90	4.2	915	0.7	101	16	0.7	178	0.1	15
75-84	20,420	1,496,414	240	13.3	2,383	0.7	100	26	1.4	287	0.1	11
85 and older	16,512	1,172,680	222	15.1	2,289	0.7	86	19	1.3	193	0.1	9
Male	487,370	60,769,134	9,439	7.1	100,446	0.8	155	4,460	3.3	46,984	0.6	328
Disabled	405,219	52,728,058	7,554	23.7	81,735	0.8	159	4,062	12.7	43,685	0.7	332
5 and younger	5,965	517,111	18	0.9	178	0.5	104	17	0.9	195	0.5	70
6-14	24,887	2,983,422	658	12.9	7,164	0.6	118	114	2.2	1,317	0.8	275
15-20	20,917	2,354,747	645	16.1	7,065	0.6	119	88	2.2	978	0.4	204
21-44	148,022	19,121,444	3,450	35.7	37,500	0.9	161	1,496	15.5	15,704	0.6	314
45-64	194,982	26,823,715	2,663	25.1	28,446	0.9	177	2,322	21.9	25,217	0.7	355
65-74	8,338	756,569	99	22.0	1,141	0.9	141	22	4.9	238	0.5	254
75-84	1,910	147,976	18	16.5	207	1.0	86	3	2.8	36	0.1	7
85 and older	198	23,074	3	13.6	34	0.5	70	0	0.0	0	0.0	0
Other Eligibles	82,151	8,041,076	1,885	1.9	18,711	0.8	137	398	0.4	3,299	0.6	278
5 and younger	13,620	933,545	46	0.1	451	0.5	81	68	0.2	436	0.4	53
6-14	26,387	3,269,541	927	2.7	9,548	0.8	147	165	0.5	1,685	0.8	376
15-20	16,378	1,871,657	602	4.3	6,016	0.8	145	66	0.5	648	0.6	301
21-44	2,152	190,259	45	0.8	196	0.8	162	48	0.9	146	0.5	217
45-64	1,110	103,059	10	0.7	38	0.5	76	23	1.6	75	0.6	328
65-74	6,302	505,601	53	5.4	538	0.7	106	8	0.8	96	0.1	11
75-84	10,131	746,176	105	10.6	1,041	0.7	91	15	1.5	155	0.2	46
85 and older	6,071	421,238	97	18.5	883	0.6	70	5	1.0	58	0.1	13
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**16,634**	**5.3 %**	**172,682**	**1.0**	**$76**	**28,998**	**9.2 %**	**281,042**	**0.4**	**$38**	**21,292**	**6.7 %**	**214,319**	**0.5**	**$49**
Female	8,929	4.9	91,810	0.9	72	18,650	10.2	177,474	0.4	34	13,424	7.4	135,620	0.5	48
Disabled	7,282	24.4	79,283	0.9	74	13,166	44.1	144,712	0.4	38	9,782	32.8	107,320	0.5	49
5 and younger	70	4.7	730	0.7	84	40	2.7	423	0.1	1	129	8.7	1,263	0.4	28
6-14	369	15.3	4,042	0.8	110	111	4.6	1,245	0.1	2	173	7.2	1,837	0.5	52
15-20	399	17.2	4,414	0.8	118	323	13.9	3,567	0.2	7	175	7.5	1,924	0.4	32
21-44	2,630	30.0	28,544	1.0	83	4,102	46.7	44,864	0.4	45	2,347	26.7	25,657	0.4	43
45-64	3,612	26.3	39,282	0.8	61	8,144	59.2	89,652	0.4	37	6,453	46.9	70,963	0.5	51
65-74	176	20.0	1,961	0.9	53	391	44.5	4,370	0.4	21	439	49.9	4,944	0.5	55
75-84	24	14.7	286	0.7	23	48	29.4	507	0.3	8	59	36.2	648	0.5	56
85 and older	2	6.1	24	0.1	1	7	21.2	84	0.3	17	7	21.2	84	0.4	40
Other Eligibles	1,647	1.1	12,527	0.7	56	5,484	3.6	32,762	0.4	15	3,642	2.4	28,300	0.5	45
5 and younger	47	0.1	270	0.6	45	81	0.2	570	0.2	2	300	0.7	1,610	0.3	20
6-14	261	0.8	2,419	0.7	64	177	0.5	1,303	0.2	3	169	0.5	1,233	0.3	27
15-20	337	1.5	2,947	0.8	85	795	3.5	5,211	0.2	2	286	1.3	2,123	0.3	22
21-44	432	1.0	1,506	0.5	47	2,770	6.4	10,511	0.4	21	797	1.9	2,999	0.4	37
45-64	118	4.2	635	0.5	43	413	14.9	2,511	0.3	13	256	9.2	1,522	0.4	43
65-74	132	6.1	1,403	0.6	35	450	20.9	4,705	0.3	15	704	32.8	7,307	0.4	45
75-84	203	11.3	2,132	0.8	44	462	25.7	4,776	0.4	15	673	37.4	6,962	0.5	53
85 and older	117	8.0	1,215	0.8	37	336	22.9	3,175	0.6	26	457	31.1	4,544	0.7	64
Male	7,705	5.8	80,872	1.1	80	10,348	7.7	103,568	0.4	45	7,868	5.9	78,699	0.5	50
Disabled	6,460	20.3	69,958	1.1	82	8,619	27.0	91,930	0.4	49	6,207	19.5	66,022	0.6	51
5 and younger	109	5.7	1,146	0.6	93	51	2.7	574	0.1	1	159	8.4	1,641	0.4	30
6-14	668	13.1	7,319	0.8	102	230	4.5	2,613	0.1	2	244	4.8	2,761	0.4	44
15-20	564	14.1	6,171	0.9	92	379	9.5	4,156	0.2	13	255	6.4	2,837	0.4	41
21-44	2,552	26.4	27,883	1.4	95	2,885	29.8	31,017	0.4	47	1,706	17.6	18,400	0.6	50
45-64	2,450	23.1	26,136	1.0	62	4,877	46.0	51,373	0.5	57	3,572	33.7	37,385	0.6	54
65-74	100	22.2	1,112	1.0	55	155	34.4	1,726	0.4	21	215	47.7	2,370	0.5	58
75-84	16	14.7	179	0.9	53	42	38.5	471	0.3	26	50	45.9	560	0.7	67
85 and older	1	4.5	12	0.6	3	0	0.0	0	0.0	0	6	27.3	68	0.8	44
Other Eligibles	1,245	1.2	10,914	0.8	65	1,729	1.7	11,638	0.3	13	1,661	1.6	12,677	0.5	43
5 and younger	70	0.2	511	0.6	62	115	0.3	832	0.2	2	374	0.8	2,153	0.3	19
6-14	500	1.5	4,789	0.8	72	230	0.7	1,785	0.1	1	160	0.5	1,161	0.3	26
15-20	345	2.5	3,189	0.8	77	318	2.3	2,503	0.2	3	151	1.1	1,173	0.4	37
21-44	89	1.6	260	0.6	41	421	7.5	1,235	0.6	29	134	2.4	418	0.4	43
45-64	22	1.5	57	0.7	75	128	8.6	381	0.6	31	99	6.7	315	0.5	50
65-74	70	7.1	720	0.6	33	183	18.6	1,795	0.2	9	256	26.0	2,603	0.4	44
75-84	97	9.8	949	0.9	37	192	19.4	1,929	0.5	26	303	30.6	3,164	0.6	59
85 and older	52	9.9	439	0.8	38	142	27.2	1,178	0.5	22	184	35.2	1,690	0.6	56
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					DERMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**38,214**	**12.1 %**	**344,926**	**0.4**	**$30**	**23,338**	**7.4 %**	**229,700**	**0.6**	**$39**	**49,332**	**15.6 %**	**461,007**	**0.2**	**$14**
Female	21,867	12.0	199,841	0.4	31	14,975	8.2	145,472	0.6	40	28,733	15.8	268,945	0.2	14
Disabled	12,926	43.3	142,521	0.4	33	11,065	37.1	119,491	0.6	40	16,042	53.8	181,143	0.2	15
5 and younger	652	43.8	6,893	0.4	34	4	0.3	12	0.5	8	441	29.6	4,711	0.2	7
6-14	894	37.0	9,808	0.4	34	114	4.7	1,219	0.5	35	867	35.9	9,808	0.2	8
15-20	580	24.9	6,421	0.4	24	275	11.8	2,978	0.5	33	788	33.9	9,014	0.2	10
21-44	3,178	36.2	35,099	0.4	29	3,705	42.2	39,499	0.6	38	4,041	46.0	45,356	0.2	15
45-64	7,191	52.3	79,479	0.5	36	6,660	48.4	72,377	0.6	42	9,259	67.3	104,825	0.2	17
65-74	399	45.4	4,512	0.5	36	270	30.7	2,979	0.6	38	588	66.9	6,795	0.2	15
75-84	31	19.0	297	0.3	20	36	22.1	415	0.7	33	54	33.1	586	0.3	18
85 and older	1	3.0	12	0.1	2	1	3.0	12	0.4	33	4	12.1	48	0.1	10
Other Eligibles	8,941	5.9	57,320	0.3	24	3,910	2.6	25,981	0.6	38	12,691	8.3	87,802	0.2	12
5 and younger	2,644	6.0	15,916	0.3	24	14	0.0	140	0.4	15	4,078	9.2	21,790	0.2	10
6-14	2,025	5.9	13,926	0.3	21	387	1.1	3,426	0.5	35	2,596	7.6	19,110	0.2	11
15-20	1,222	5.4	8,966	0.3	17	735	3.2	5,984	0.6	37	1,925	8.5	15,342	0.2	11
21-44	1,681	3.9	6,177	0.4	27	1,437	3.3	4,955	0.5	32	1,651	3.8	6,845	0.3	20
45-64	320	11.5	1,760	0.4	26	324	11.7	1,610	0.5	39	246	8.8	1,512	0.2	16
65-74	314	14.6	3,218	0.5	33	263	12.2	2,710	0.6	35	735	34.2	7,889	0.2	15
75-84	403	22.4	4,132	0.5	33	383	21.3	3,739	0.8	45	774	43.0	8,324	0.3	15
85 and older	332	22.6	3,225	0.5	30	367	25.0	3,417	0.8	46	686	46.7	6,990	0.3	13
Male	16,347	12.2	145,085	0.4	30	8,363	6.3	84,228	0.6	39	20,599	15.4	192,062	0.2	14
Disabled	8,564	26.9	93,022	0.4	32	6,645	20.9	70,124	0.6	38	11,621	36.5	128,790	0.2	15
5 and younger	859	45.3	8,846	0.4	33	3	0.2	24	0.3	11	529	27.9	5,452	0.2	6
6-14	1,817	35.6	20,188	0.4	28	250	4.9	2,592	0.5	35	1,448	28.3	16,305	0.2	11
15-20	792	19.8	8,938	0.4	26	389	9.7	4,139	0.5	38	1,115	27.8	12,714	0.2	11
21-44	1,669	17.2	18,310	0.5	29	2,693	27.8	28,486	0.6	37	3,294	34.0	37,183	0.2	16
45-64	3,214	30.3	34,410	0.5	36	3,184	30.1	33,485	0.6	39	4,873	46.0	53,036	0.3	18
65-74	168	37.3	1,839	0.5	36	103	22.8	1,133	0.6	42	291	64.5	3,313	0.3	21
75-84	39	35.8	425	0.7	49	22	20.2	260	0.8	43	61	56.0	669	0.2	16
85 and older	6	27.3	66	0.3	15	1	4.5	5	0.6	42	10	45.5	118	0.2	5
Other Eligibles	7,783	7.6	52,063	0.3	26	1,718	1.7	14,104	0.7	42	8,978	8.8	63,272	0.2	11
5 and younger	3,533	8.0	20,956	0.3	28	11	0.0	85	0.5	26	4,057	9.2	22,257	0.2	9
6-14	2,617	7.7	18,263	0.3	25	536	1.6	4,949	0.7	41	2,245	6.6	17,400	0.2	10
15-20	889	6.3	7,237	0.3	19	536	3.8	4,760	0.7	45	1,389	9.9	12,089	0.2	12
21-44	142	2.5	428	0.5	35	169	3.0	498	0.6	35	173	3.1	603	0.3	22
45-64	75	5.1	206	0.6	44	86	5.8	207	0.6	43	72	4.9	247	0.4	25
65-74	146	14.8	1,404	0.4	31	88	8.9	853	0.6	38	332	33.7	3,544	0.2	13
75-84	218	22.0	2,058	0.6	38	154	15.5	1,554	0.7	42	417	42.1	4,321	0.3	14
85 and older	163	31.2	1,511	0.5	30	138	26.4	1,198	0.8	46	293	56.0	2,811	0.3	13
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	ANTIDIABETIC					HEMATOPOIETIC AGENTS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	**14,808**	**4.7 %**	**149,720**	**0.6**	**$42**	**6,549**	**2.1 %**	**58,934**	**0.4**	**$102**	**315,914**	**1,482,390**
Female	9,550	5.2	96,755	0.6	42	4,271	2.3	36,833	0.4	98	182,159	809,683
Disabled	7,267	24.3	78,943	0.6	44	2,339	7.8	25,090	0.4	124	29,844	283,262
5 and younger	9	0.6	79	0.6	45	38	2.6	372	0.3	10	1,488	11,921
6-14	20	0.8	203	0.8	64	64	2.6	707	0.3	17	2,416	22,575
15-20	65	2.8	724	0.5	40	102	4.4	1,101	0.3	8	2,326	21,936
21-44	926	10.5	9,966	0.6	40	702	8.0	7,568	0.4	128	8,780	83,461
45-64	5,723	41.6	62,043	0.6	44	1,319	9.6	14,074	0.5	144	13,759	132,246
65-74	472	53.7	5,355	0.6	42	96	10.9	1,069	0.5	68	879	9,161
75-84	47	28.8	513	0.7	37	16	9.8	175	0.5	55	163	1,650
85 and older	5	15.2	60	0.4	23	2	6.1	24	0.6	4	33	312
Other Eligibles	2,283	1.5	17,812	0.6	37	1,932	1.3	11,743	0.4	44	152,315	526,421
5 and younger	5	0.0	19	0.7	93	151	0.3	867	0.2	2	44,156	136,200
6-14	61	0.2	399	0.5	49	55	0.2	444	0.4	30	34,191	129,806
15-20	62	0.3	383	0.6	39	439	1.9	2,610	0.2	9	22,707	87,633
21-44	471	1.1	1,605	0.6	37	842	2.0	3,376	0.3	21	43,063	116,318
45-64	264	9.5	1,269	0.6	43	44	1.6	347	0.2	237	2,780	8,641
65-74	683	31.8	6,664	0.6	36	118	5.5	1,236	0.4	76	2,149	18,564
75-84	532	29.6	5,500	0.6	35	152	8.4	1,588	0.7	60	1,800	16,347
85 and older	205	14.0	1,973	0.8	36	131	8.9	1,275	0.7	110	1,469	12,912
Male	5,258	3.9	52,965	0.6	42	2,278	1.7	22,101	0.5	109	133,754	672,705
Disabled	4,231	13.3	44,960	0.6	42	1,805	5.7	18,542	0.5	119	31,865	296,521
5 and younger	1	0.1	3	0.3	15	57	3.0	561	0.3	9	1,898	14,390
6-14	41	0.8	412	0.6	53	85	1.7	924	0.4	53	5,109	46,712
15-20	64	1.6	712	0.5	34	53	1.3	585	0.4	43	4,007	37,725
21-44	743	7.7	7,982	0.7	43	413	4.3	4,227	0.4	146	9,676	93,588
45-64	3,184	30.1	33,651	0.6	41	1,136	10.7	11,577	0.5	127	10,593	98,008
65-74	158	35.0	1,756	0.7	52	48	10.6	521	0.5	55	451	4,708
75-84	32	29.4	352	0.7	56	12	11.0	135	0.7	58	109	1,156
85 and older	8	36.4	92	0.8	37	1	4.5	12	0.5	1,038	22	234
Other Eligibles	1,027	1.0	8,005	0.6	40	473	0.5	3,559	0.5	54	101,889	376,184
5 and younger	8	0.0	61	0.3	28	185	0.4	1,058	0.2	4	44,117	138,870
6-14	52	0.2	299	0.5	51	41	0.1	304	0.4	40	34,130	135,031
15-20	47	0.3	268	0.6	45	19	0.1	136	0.3	40	14,047	63,806
21-44	109	1.9	258	0.7	51	10	0.2	24	0.5	142	5,614	13,313
45-64	158	10.7	448	0.6	41	14	0.9	53	0.5	29	1,482	3,828
65-74	305	31.0	3,189	0.6	38	48	4.9	501	0.4	97	985	8,095
75-84	260	26.2	2,676	0.6	39	95	9.6	930	0.6	68	991	8,824
85 and older	88	16.8	806	0.7	38	61	11.7	553	0.7	101	523	4,417
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$616**	**10.1**	**2,874**	**29,062**
Age				
0-64	729	11.2	1,595	16,783
65-74	596	9.9	283	2,950
75-84	465	8.9	422	4,083
85 and older	382	7.5	574	5,246
Unknown	0	0.0	0	0
Gender				
Female	614	10.3	1,608	16,157
Male	618	9.8	1,266	12,905
Unknown	0	0.0	0	0
Race				
White	570	10.3	1,666	16,480
African American	733	10.1	730	7,566
Other/unknown	590	9.5	478	5,016
Basis of Eligibility[c]				
Aged	449	8.5	1,053	9,801
Disabled	702	10.9	1,814	19,197
Adults	0	0.0	0	0
Children	243	4.5	7	64
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.6	0.4	0.0	0.2	###	$86	$6	$12	$165	$236	$169	$50	12,679	$2,086,889	1,898	66.0 %	20,050
Biologicals	0.1	0.0	0.0	0.1	7	6	0	1	67	119	112	25	289	19,398	253	8.8	2,714
Antineoplastic Agents	0.7	0.1	0.0	0.7	87	24	0	63	122	402	98	97	2,035	249,054	297	10.3	2,847
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.8	63	47	3	13	44	87	27	16	18,524	806,175	1,251	43.5	12,894
Cardiovascular Agents	2.6	0.8	0.1	1.7	81	45	2	34	31	55	21	20	49,631	1,535,485	1,880	65.4	19,060
Respiratory Agents	1.3	0.6	0.0	0.7	64	44	0	20	49	72	31	29	17,372	847,619	1,253	43.6	13,199
Gastrointestinal Agents	1.5	0.7	0.1	0.8	93	67	2	24	61	102	34	30	28,421	1,747,735	1,821	63.4	18,710
Genitourinary Agents	0.7	0.4	0.0	0.3	40	29	1	9	53	68	53	32	5,488	292,512	694	24.1	7,371
CNS Drugs	2.4	1.2	0.1	1.1	173	140	6	27	72	116	66	25	52,308	3,781,170	2,087	72.6	21,844
Stimulants/Anti-obesity/Anorexia	1.0	0.5	0.0	0.5	64	55	0	9	64	114	0	18	638	41,130	61	2.1	643
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	146	145	0	1	140	140	0	120	4,775	669,904	451	15.7	4,590
Analgesics and Anesthetics	1.5	0.7	0.0	0.8	86	71	2	13	56	99	134	16	21,229	1,194,954	1,365	47.5	13,826
Neuromuscular Agents	2.2	0.6	0.3	1.3	128	61	23	44	58	104	81	33	33,742	1,958,032	1,420	49.4	15,266
Nutritional Products	0.9	0.0	0.1	0.7	12	1	1	10	14	30	10	14	11,012	152,090	1,162	40.4	12,175
Hematological Agents	1.5	0.6	0.0	0.8	148	139	1	7	100	224	46	9	16,654	1,670,462	1,122	39.0	11,307
Topical Products	0.8	0.3	0.0	0.5	36	23	2	10	44	75	46	22	16,925	736,924	1,949	67.8	20,605
Miscellaneous Products	0.4	0.0	0.0	0.4	42	11	0	31	104	232	0	87	944	98,451	221	7.7	2,368
Unknown Therapeutic Category	1.2	0.0	0.0	0.0	6	0	0	0	5	0	0	0	840	4,010	59	2.1	688
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	293,506	17,891,994	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In New Jersey, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$2,522,414	1,422	49.5 %	15,552	1.2	$140	$162
ANTICONVULSANT	1,470,588	1,610	56.0	17,588	1.4	59	84
ULCER DRUGS	1,421,606	1,776	61.8	18,342	0.9	82	78
ANTIVIRAL	1,210,071	375	13.0	3,851	0.9	352	314
ANTIDEPRESSANTS	982,532	1,662	57.8	17,186	1.1	53	57
HEMATOPOIETIC AGENTS	839,929	623	21.7	6,189	1.0	139	136
ANALGESICS - Narcotic	778,255	1,352	47.0	13,390	1.1	53	58
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	669,904	509	17.7	5,176	0.9	140	129
ANTIASTHMATIC	660,042	1,386	48.2	14,241	0.9	50	46
DERMATOLOGICAL	529,513	3,195	111.2	34,620	0.3	45	15
Total	11,084,854	13,910		146,135	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE [a, b, c, d]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**133,120**	**$11,084,854**	**1,422**	**49.5 %**	**15,552**	**1.2**	**$162**	**1,610**	**56.0 %**	**17,588**	**1.4**	**$84**
Female	74,446	6,190,322	781	48.6	8,580	1.2	166	834	51.9	9,111	1.4	80
Disabled	50,566	4,395,401	490	57.0	5,517	1.3	194	620	72.1	6,884	1.5	89
64 or younger	44,966	3,942,657	394	54.2	4,429	1.4	199	547	75.2	6,085	1.6	93
65-74	4,917	400,463	79	72.5	893	1.2	179	60	55.0	645	1.2	66
75-84	683	52,281	17	73.9	195	1.0	146	13	56.5	154	0.7	27
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	23,880	1,794,921	291	38.9	3,063	0.9	114	214	28.6	2,227	1.1	51
64 or younger	5	307	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,700	291,848	35	48.6	387	0.9	146	31	43.1	324	1.4	68
75-84	8,979	666,102	126	48.3	1,293	0.9	123	103	39.5	1,074	1.1	53
85 and older	11,196	836,664	130	31.4	1,383	0.9	97	80	19.3	829	0.9	42
Male	58,674	4,894,532	641	50.6	6,972	1.2	158	776	61.3	8,477	1.4	88
Disabled	49,659	4,235,275	498	52.2	5,536	1.3	172	696	73.0	7,695	1.5	91
64 or younger	46,028	3,928,922	444	51.6	4,903	1.3	173	644	74.8	7,098	1.5	92
65-74	2,781	256,361	41	59.4	482	1.2	190	45	65.2	513	1.4	79
75-84	750	43,869	10	52.6	117	1.4	104	6	31.6	72	1.1	62
85 and older	100	6,123	3	60.0	34	0.5	70	1	20.0	12	0.6	3
Other Eligibles	9,015	659,257	143	45.8	1,436	0.8	104	80	25.6	782	1.2	60
64 or younger	128	11,933	0	0.0	0	0.0	0	7	116.7	84	1.0	120
65-74	1,028	83,298	25	75.8	252	1.0	156	11	33.3	110	1.4	65
75-84	4,214	294,925	68	57.1	701	0.8	106	34	28.6	346	1.4	56
85 and older	3,645	269,101	50	32.5	483	0.7	74	28	18.2	242	0.9	41
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIVIRAL					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	1,776	61.8 %	18,342	0.9	$78	375	13.0 %	3,851	0.9	$314	1,662	57.8 %	17,186	1.1	$57
Female	987	61.4	10,191	0.9	79	171	10.6	1,738	0.9	309	987	61.4	10,081	1.1	61
Disabled	563	65.5	5,988	1.0	82	161	18.7	1,665	0.9	322	550	64.0	5,893	1.2	63
64 or younger	480	66.0	5,077	1.0	84	160	22.0	1,653	0.9	324	474	65.2	5,061	1.3	65
65-74	74	67.9	810	0.9	65	1	0.9	12	0.1	15	64	58.7	694	0.8	49
75-84	9	39.1	101	0.9	95	0	0.0	0	0.0	0	12	52.2	138	1.3	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	424	56.7	4,203	0.8	75	10	1.3	73	0.2	14	437	58.4	4,188	1.0	58
64 or younger	1	100.0	3	1.3	89	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	46	63.9	469	0.9	87	1	1.4	9	0.1	20	50	69.4	524	1.2	70
75-84	147	56.3	1,484	0.9	76	2	0.8	10	0.2	18	160	61.3	1,511	1.1	60
85 and older	230	55.6	2,247	0.8	71	7	1.7	54	0.1	12	227	54.8	2,153	0.9	54
Male	789	62.3	8,151	0.9	76	204	16.1	2,113	0.9	319	675	53.3	7,105	1.0	52
Disabled	613	64.3	6,441	1.0	78	197	20.6	2,038	0.9	330	515	54.0	5,594	1.0	52
64 or younger	556	64.6	5,816	1.0	79	193	22.4	1,990	0.9	328	473	54.9	5,137	1.0	51
65-74	42	60.9	453	0.8	75	4	5.8	48	0.4	404	37	53.6	398	0.8	64
75-84	10	52.6	116	1.1	62	0	0.0	0	0.0	0	5	26.3	59	1.7	49
85 and older	5	100.0	56	0.9	47	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	176	56.4	1,710	0.9	68	7	2.2	75	0.1	10	160	51.3	1,511	1.0	53
64 or younger	1	16.7	12	0.9	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12	36.4	130	1.2	60	0	0.0	0	0.0	0	15	45.5	158	1.2	63
75-84	77	64.7	797	1.0	76	4	3.4	39	0.1	9	68	57.1	680	1.0	54
85 and older	86	55.8	771	0.8	62	3	1.9	36	0.1	10	77	50.0	673	0.9	49
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	623	21.7 %	6,189	1.0	$136	1,352	47.0 %	13,390	1.1	$58	509	17.7 %	5,176	0.9	$129
Female	328	20.4	3,281	1.0	157	777	48.3	7,747	1.1	57	328	20.4	3,372	0.9	133
Disabled	188	21.9	1,843	1.0	184	467	54.3	4,756	1.2	68	70	8.1	772	0.9	242
64 or younger	164	22.6	1,600	1.1	196	414	56.9	4,216	1.2	70	58	8.0	628	1.0	276
65-74	23	21.1	231	0.5	113	49	45.0	500	1.4	55	12	11.0	144	0.8	95
75-84	1	4.3	12	0.8	5	4	17.4	40	0.6	5	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	140	18.7	1,438	1.0	123	310	41.4	2,991	0.9	40	258	34.5	2,600	0.9	101
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14	19.4	157	1.0	181	35	48.6	359	1.5	97	26	36.1	289	1.1	114
75-84	56	21.5	607	1.0	88	117	44.8	1,143	0.8	28	92	35.2	905	0.8	92
85 and older	70	16.9	674	0.9	140	158	38.2	1,489	0.8	36	140	33.8	1,406	0.9	104
Male	295	23.3	2,908	1.0	111	575	45.4	5,643	1.1	60	181	14.3	1,804	1.0	122
Disabled	227	23.8	2,229	1.0	114	473	49.6	4,752	1.2	63	73	7.7	816	1.1	157
64 or younger	206	23.9	2,002	1.0	119	449	52.1	4,497	1.2	65	62	7.2	684	1.2	169
65-74	12	17.4	121	0.7	86	18	26.1	186	0.7	26	10	14.5	120	0.8	95
75-84	9	47.4	106	0.8	67	6	31.6	69	0.6	27	1	5.3	12	0.8	90
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	68	21.8	679	0.9	102	102	32.7	891	0.9	42	108	34.6	988	0.8	94
64 or younger	1	16.7	12	0.2	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	12.1	42	0.9	17	11	33.3	105	0.6	43	6	18.2	63	0.9	123
75-84	27	22.7	273	1.2	79	43	36.1	423	1.1	60	38	31.9	361	0.8	84
85 and older	36	23.4	352	0.7	133	48	31.2	363	0.8	19	64	41.6	564	0.8	96
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	**1,386**	**48.2 %**	**14,241**	**0.9**	**$46**	**3,195**	**111.2 %**	**34,620**	**0.3**	**$15**	**2,874**	**29,062**
Female	813	50.6	8,360	0.9	49	1,758	109.3	19,088	0.3	15	1,608	16,157
Disabled	486	56.5	5,091	1.1	56	1,101	128.0	12,276	0.3	15	860	9,121
64 or younger	414	56.9	4,285	1.1	60	960	132.0	10,695	0.3	16	727	7,667
65-74	63	57.8	713	0.7	36	124	113.8	1,392	0.3	13	109	1,185
75-84	9	39.1	93	0.2	13	17	73.9	189	0.3	16	23	257
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	327	43.7	3,269	0.7	38	657	87.8	6,812	0.3	14	748	7,036
64 or younger	0	0.0	0	0.0	0	1	100.0	3	0.3	13	1	3
65-74	46	63.9	496	1.1	56	67	93.1	672	0.4	18	72	701
75-84	116	44.4	1,152	0.7	43	206	78.9	2,179	0.3	13	261	2,468
85 and older	165	39.9	1,621	0.6	28	383	92.5	3,958	0.3	13	414	3,864
Male	573	45.3	5,881	0.9	43	1,437	113.5	15,532	0.3	16	1,266	12,905
Disabled	423	44.3	4,539	1.0	49	1,136	119.1	12,591	0.4	17	954	10,076
64 or younger	387	44.9	4,149	1.1	50	1,048	121.7	11,595	0.4	17	861	9,052
65-74	26	37.7	279	0.5	26	67	97.1	759	0.3	15	69	758
75-84	7	36.8	81	1.4	73	15	78.9	167	0.1	7	19	208
85 and older	3	60.0	30	0.3	24	6	120.0	70	0.2	5	5	58
Other Eligibles	150	48.1	1,342	0.5	24	301	96.5	2,941	0.3	12	312	2,829
64 or younger	5	83.3	49	0.4	25	8	133.3	96	0.1	6	6	61
65-74	11	33.3	103	0.2	8	22	66.7	235	0.4	22	33	306
75-84	55	46.2	520	0.5	22	129	108.4	1,312	0.3	11	119	1,150
85 and older	79	51.3	670	0.6	28	142	92.2	1,298	0.3	12	154	1,312
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,012 beneficiaries who were in nursing facilities for part of their enrollment and their 18,183 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx $ per Beneficiary	Total Part D Excluded Rx $	$ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**56,093**	**17.8 %**	**0.9**	**289,140**	**$28**	**$8,796,012**	**$30**	**3.9 %**	**315,914**
Age									
5 and younger	16,118	17.6	0.4	40,056	12	1,097,405	27	14.7	91,659
6-14	9,955	13.1	0.4	31,316	18	1,387,940	44	7.5	75,846
15-20	4,153	9.6	0.3	14,079	16	686,250	49	4.6	43,087
21-44	9,435	14.1	0.9	62,240	29	1,963,583	32	3.2	67,133
45-64	12,881	45.0	4.1	116,103	111	3,179,474	27	3.1	28,614
65-74	1,710	38.3	2.7	11,953	52	233,863	20	2.5	4,464
75-84	1,168	38.1	2.8	8,451	53	162,346	19	2.5	3,063
85 and older	672	32.8	2.4	4,941	42	85,142	17	2.3	2,047
Unknown	1	100.0	1.0	1	9	9	9	100.0	1
Basis of Eligibility[c]									
Aged	2,744	34.5	2.2	17,600	41	328,090	19	2.3	7,956
Disabled	26,055	42.2	3.4	211,871	112	6,908,249	33	3.7	61,709
Adults	3,297	5.3	0.1	6,216	3	159,739	26	3.5	62,264
Children	23,911	13.0	0.3	53,076	8	1,391,445	26	7.1	183,764
Unknown	86	38.9	1.7	377	38	8,489	23	1.9	221
Gender									
Female	31,125	17.1	0.9	165,667	27	4,860,069	29	4.0	182,159
Male	24,968	18.7	0.9	123,473	29	3,935,943	32	3.8	133,755
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	19,225	17.2	1.0	110,920	25	2,841,837	26	3.2	112,057
African American	19,551	18.0	0.9	93,678	31	3,356,071	36	4.2	108,851
Other/unknown	17,317	18.2	0.9	84,542	27	2,598,104	31	4.6	95,006
Use of Nursing Facilities[d]									
Entire year	1,800	62.6	9.4	27,010	135	386,710	14	2.2	2,874
Part year	1,488	74.0	7.5	15,121	183	367,974	24	2.8	2,012
None	52,805	17.0	0.8	247,009	26	8,041,328	33	4.2	311,028
Maintenance Assistance Status									
Cash	32,318	24.0	1.5	207,507	49	6,605,357	32	3.8	134,800
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	12,018	9.3	0.2	29,159	6	742,547	25	4.5	128,735
Other/unknown	11,757	22.4	1.0	52,474	28	1,448,108	28	4.1	52,379

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
NEW JERSEY, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.2**	**$6**	**$30**	**$0**	**$1**	**1,482,390**
Age						
5 and younger	0.1	4	27	0	0	301,381
6-14	0.1	4	44	0	1	334,124
15-20	0.1	3	49	0	1	211,100
21-44	0.2	6	32	0	2	306,680
45-64	0.5	13	27	0	4	242,723
65-74	0.3	6	20	0	1	40,528
75-84	0.3	6	19	0	1	27,977
85 and older	0.3	5	17	0	1	17,875
Unknown	0.5	5	9	0	0	2
Basis of Eligibility[c]						
Aged	0.3	5	19	0	1	69,787
Disabled	0.4	12	33	0	3	579,783
Adults	0.0	1	26	0	0	168,117
Children	0.1	2	26	0	0	662,729
Unknown	0.2	4	23	0	2	1,974
Gender						
Female	0.2	6	29	0	1	809,683
Male	0.2	6	32	0	1	672,707
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	6	26	0	2	505,646
African American	0.2	6	36	0	1	540,036
Other/unknown	0.2	6	31	0	1	436,708
Use of Nursing Facilities[d]						
Entire year	0.9	13	14	0	6	29,062
Part year	0.8	20	24	0	6	18,183
None	0.2	6	33	0	1	1,435,145
Maintenance Assistance Status						
Cash	0.3	9	32	0	2	739,642
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	25	0	0	409,804
Other/unknown	0.2	4	28	0	1	332,944

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]
NEW JERSEY, 2004

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**82,735**	**$106**	**$8,796,012**	**100.0 %**	**289,140**	**$30**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	47	47	0.0	1	47	0.0
Drugs for cosmetic purposes	42	21	865	0.0	82	11	0.0
Cough and cold medications	27,857	67	1,873,814	21.3	57,463	33	19.9
Vitamins and minerals	25,333	50	1,264,818	14.4	86,834	15	30.0
Non-prescription drugs	13,653	197	2,683,643	30.5	35,754	75	12.4
Barbiturates	1,154	54	62,487	0.7	13,258	5	4.6
Benzodiazepines	12,272	160	1,958,108	22.3	87,597	22	30.3
Other Part D Excl Rx Drugs	2,423	393	952,230	10.8	8,151	117	2.8

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	797,275	10,098	97,602	171,718	517,636	221	7,760,446	96,121	1,041,625	1,542,526	5,078,196	1,978
Age												
5 and younger	224,098	0	5,475	29	218,594	0	2,097,012	0	55,562	141	2,041,309	0
6-14	230,140	0	14,391	40	215,709	0	2,380,377	0	159,633	196	2,220,548	0
15-20	106,991	1	10,051	14,674	82,264	1	1,035,282	12	108,011	117,537	809,721	1
21-44	165,860	4	27,722	137,004	1,064	66	1,531,917	36	296,252	1,228,513	6,569	547
45-64	57,404	80	37,307	19,862	2	153	590,431	778	392,934	195,284	14	1,421
65-74	6,122	3,811	2,228	82	0	1	60,888	35,552	24,645	682	0	9
75-84	4,260	3,873	367	19	1	0	42,508	38,396	3,970	130	12	0
85 and older	2,399	2,329	61	8	1	0	22,020	21,347	618	43	12	0
Unknown	1	0	0	0	1	0	11	0	0	0	11	0
Gender												
Female	459,469	6,989	49,593	142,743	259,923	221	4,429,993	67,004	535,866	1,272,348	2,552,797	1,978
Male	337,806	3,109	48,009	28,975	257,713	0	3,330,453	29,117	505,759	270,178	2,525,399	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	287,298	3,312	33,459	71,610	178,783	134	2,765,367	29,754	354,860	638,874	1,740,686	1,193
African American	277,614	1,254	32,753	62,658	180,904	45	2,784,381	11,967	353,726	579,618	1,838,668	402
Other/unknown	232,363	5,532	31,390	37,450	157,949	42	2,210,698	54,400	333,039	324,034	1,498,842	383
Use of Nursing Facilities[c]												
Entire year	2,875	1,053	1,814	0	8	0	29,096	9,802	19,218	0	76	0
Part year	2,036	506	1,511	13	6	0	19,758	4,474	15,112	107	65	0
None	792,364	8,539	94,277	171,705	517,622	221	7,711,592	81,845	1,007,295	1,542,419	5,078,055	1,978
Maintenance Assistance Status												
Cash	322,397	2,873	89,954	65,193	164,377	0	3,253,481	30,264	971,305	584,004	1,667,908	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	337,609	3,185	3,781	23,564	306,858	221	3,123,056	30,506	35,136	129,482	2,925,954	1,978
Other/unknown	137,269	4,040	3,867	82,961	46,401	0	1,383,909	35,351	35,184	829,040	484,334	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	130,045	7,589	54,842	16,643	50,752	219	963,385	68,516	552,228	50,343	290,338	1,960
FFS part year, with Rx claims	51,291	328	5,565	15,882	29,515	1	498,061	3,335	61,898	137,092	295,724	12
FFS part year, no Rx claims	134,578	39	1,302	29,739	103,497	1	1,271,994	348	13,400	255,818	1,002,422	6
MC all year, with Rx claims	37,522	1,845	30,163	2,856	2,658	0	433,481	21,265	352,958	30,094	29,164	0
MC all year, no Rx claims	443,839	297	5,730	106,598	331,214	0	4,593,525	2,657	61,141	1,069,179	3,460,548	0

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, NEW JERSEY, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**797,275**	**7,760,446**	**315,914**	**1,482,390**	**0**	**6,278,056**
Fee-for-service (FFS) all year	130,045	963,385	130,045	963,385	0	0
FFS part year, with Rx claims	51,291	498,061	51,291	169,274	0	328,787
FFS part year, with no Rx claims	134,578	1,271,994	134,578	349,731	0	922,263
Managed care (MC) all year, with Rx claims	37,522	433,481	0	0	0	433,481
MC all year, with no Rx claims	443,839	4,593,525	0	0	0	4,593,525

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.